DOCUMENT RESUME

ED 326 803 CG 023 013

AUTHOR Downs, William R.; And Others
TITLE Long-Term Effects of Parent-to-Child Violence for Women.
SPONS AGENCY National Inst. on Alcohol Abuse and Alcoholism (DHHS), Rockville, Md.
PUB DATE Nov 90
CONTRACT R01AA07554
NOTE 36p.; Paper presented at the Annual Conference of the National Council on Family Relations (52nd, Seattle, WA, November 9-14, 1990).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Alcoholism; *Battered Women; *Child Abuse; *Family Life; Family Structure; *Family Violence; Females; *Parent Child Relationship; Socioeconomic Status; Victims of Crime

ABSTRACT

The relationships between experiences of parental violence during childhood and the development of alcoholism or victimization by severe violence from a partner in adulthood were examined by comparing samples of women in treatment for alcoholism (N=89), women receiving services for partner victimization (N=94), and a random sample of women (N=99). These relationships were examined in a multivariate model, controlling for childhood socioeconomic status, presence of a parent with alcohol-related problems, number of changes in childhood family structure, race of respondent, current alcohol use (in comparing partner victimization and random samples), and partner violence (in comparing alcoholism treatment and random samples). Face-to-face interviews were administered to all three samples. The Conflict Tactics Scale (CTS) assessed both father-to-daughter and mother-to-daughter relationships. Women in treatment for alcoholism were characterized by higher levels of verbal aggression and moderate violence from fathers as well as severe violence from both parents. Women receiving services for partner victimization were characterized by higher levels of verbal aggression from both parents as well as severe violence from the mother. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED326803

LONG-TERM EFFECTS OF PARENT-TO-CHILD VIOLENCE FOR WOMEN

William R. Downs. Ph.D.*

School of Social Work,

SUNY-Buffalo

283 Alumni Arena

Buffalo, New York 14260

Brenda A. Miller, Ph.D.

Maria Testa, Ph.D.

Denise Panek

Research Institute on Alcoholism

New York State Division of Alcoholism and Alcohol Abuse

1021 Main Street

Buffalo, New York 14203

* Dr. Downs is also affiliated with the Research Institute on Alcoholism.

Presented at the Annual Convention of the National Council on Family Relations in Seattle, Washington, November 9-15, 1990.

CG023013

This research is funded in part by the National Institute on Alcohol Abuse and Alcoholism, (Grant No. R01AA07554)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
William R. Downs

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ABSTRACT

The relationships between experiences of parental violence during childhood and the development of alcoholism or victimization by severe violence from partner in adulthood were examined by comparing samples of women in treatment for alcoholism (N=89), women receiving services for partner victimization (N=94), and a random sample of women (N=99). These relationships were examined in a multivariate model, controlling for childhood socioeconomic status, presence of a parent with alcohol-related problems, number of changes in childhood family structure, race of respondent, current alcohol use (in comparing partner victimization and random samples), and partner violence (in comparing alcoholism treatment and random samples). Face-to-face interviews were administered to all three samples. The Conflict Tactics Scale (CTS) assessed both father-to-daughter and mother-to-daughter relationships. Women in treatment for alcoholism were characterized by higher levels of verbal aggression and moderate violence from fathers as well as severe violence from both parents. Women receiving services for partner victimization were characterized by higher levels of verbal aggression from both parents as well as severe violence from mother.

ACKNOWLEDGEMENT

The authors thank the research staff, Brenda Brown, Jeanne Farallo, Angeliki Keil, Pat Mahoney, Kris Rogers, and Mary Ann Snyder; the agencies, who allowed us access to their clients; and, especially, the women who shared their stories with us.

LONG-TERM EFFECTS OF PARENT-TO-CHILD VIOLENCE FOR WOMEN

INTRODUCTION

In a nationally representative sample of 6002 families, Straus and Gelles (1990) found that 2.4% of children were victims of severe parental violence (being kicked, bitten, punched, beaten up, burned, scalded, or threatened with or attacked with a knife or gun). Based on this percentage, about 1.5 million children are victimized by parental abuse each year, about 3.5 times the number of child abuse cases known to Child Protective Services. If being hit with an object is added to the list of severe violence items, the percentage of child victims rises to 11.0%. Based on this percentage, about 6.9 million children are victimized by parental abuse each year, or about 16 times the number known to Child Protective Services (Straus and Gelles, 1990). Research has increasingly shown that effects of parental violence on the victim can extend into adolescence and adulthood, being related to problems such as the development of alcoholism (Downs, Miller, and Gondoli, 1987).[1]

LINKS BETWEEN CHILD ABUSE AND DEVELOPMENT OF WOMEN'S ALCOHOL PROBLEMS

Numerous studies have examined the relationship between childhood experiences of parental physical violence and the later development of maladaptive behavior, including the development of alcoholism and drug abuse. Childhood physical abuse has been found to be associated with later substance abuse among youth (Dembo et al., 1987; Geller and Ford-Somma, 1984). In addition, Covington (1983) found that alcoholic women were more likely to report both physical and emotional abuse during childhood than nonalcoholic women. Cohen and Densen-Gerber (1982) found that 84% of the females in treatment for drug/alcohol addiction reported a history of childhood abuse.

Finally, in our earlier pilot study, we found alcoholic women significantly more likely than nonalcoholic women to have experienced father-to-daughter negative verbal interaction, moderate violence, and severe violence, controlling for demographic variables and presence of parental alcoholism (Downs, et al., 1987).

The theoretical explanations for the association between childhood experiences of parental violence and the later development of alcohol-related problems have not been well formulated. One possible explanation may involve the impact of childhood violence on the self-esteem of the victim. Dembo et al. (1989) found that physical and sexual abuse in juvenile delinquents led to drug use via lowered self-esteem. Experiences of parental violence may lead to negative emotions toward self (Oates, Forrest, & Peacock, 1985) and set the stage for alcohol use as a mechanism for relieving these negative feelings and emotions. In addition, drinking as an escape was found to be an important undercurrent in the connection between violent victimization and the development of alcohol problems in adulthood (Miller, Downs, and Testa, 1990). Drinking for relief of unpleasant feelings has been associated with problem drinking (Fillmore, 1974, 1975). For example, in her longitudinal study of alcoholic women, Jones (1971) reported that social isolation and emotional disturbances were more characteristic of adolescents who later developed alcohol problems as compared to adolescents who did not. In addition, distorted self-image and lowered self-esteem were found among some women alcoholics (Kinsey, 1968; Wood and Duffy, 1966).

LINKS BETWEEN CHILD ABUSE AND PARTNER ABUSE EXPERIENCES FOR WOMEN

Much of the research in this area has focused on the association between experiences of childhood violence and the perpetration of partner violence,

for both men and women. Relatively few studies have examined the association between experiences of childhood violence and victimization by partner violence in adulthood. The findings of these studies are somewhat contradictory. In a study of female alcoholics, Haver (1987) found that the number of violent relationships during childhood was related to subsequent violent victimization by spouse during adulthood. Lewis (1987) found that women physically abused by partner in adulthood were five times more likely than a comparison group of nonabused women to report experiences of child abuse. However, 66% of the women abused by husbands reported no prior history of child abuse, indicating a relatively weak relationship between these two variables.

Other authors have found no support for the hypothesis that women abused as children are most likely to be victimized by marital violence (Stark and Flitcraft, 1981; cf Pagelow, 1984). Bowker (1983), in a study of women with a prior history of spousal violence but who had been in a violence-free relationship for the past year, found no relationship between prior assault by a parent and frequency of marital violence, severity of the worst marital violence incident, and number of years in a violent relationship. In a study of women victimized by spousal violence, Pagelow (1981a) found that the women were less likely to report they experienced frequent and extremely severe violence from parents in childhood than the male perpetrator. Only 19.1% of the women experienced extremely severe parental violence compared with 48.1% of the male perpetrators, leading Pagelow to conclude that being abused as a child was more strongly related to the perpetration of as opposed to the victimization by spousal violence. Gelles (1979) found no relationship between victimization by a parent and the battered woman's decision to seek

outside intervention, but Pagelow (1981b) found that women abused as children left violent relationships earlier than women not abused as children.

The most widely accepted theoretical formulation for the association between experiences of childhood violence and partner violence is based on the "cycle of violence" hypothesis. Stated broadly, this hypothesis is that children who either observed violence between their parents or experienced violence from their parents in their families of origin are more likely to perpetrate or be victimized by violence in their adult relationships with partners. Children learn from these observations and experiences that violence between intimates is acceptable and expected, that physically stronger family members can perpetrate violence with minimal consequence to themselves, and that violence is associated with controlling the behavior of physically weaker family members. Pagelow (1984) has suggested distinguishing conceptually and empirically between observation and experience of violence in childhood as well as examining the differential application of the cycle of violence hypothesis across the gender of the child, implying that girls may be differentially affected by childhood violence compared with boys.

Gelles (1987) suggested a more specific linkage between violence in the family of origin and family of procreation. Women who grow up in violent families may include violent behavior as part of their role expectations within families. These role expectations may then lead to normative approval of violence in their marital relationship, and subsequently to the acceptance of violent behavior by their male partner. However, the data of Gelles (1979) and Pagelow (1981b) would seem to contradict this hypothesis. While there is a paucity of data on the linkage between parental violence and partner violence for women, existing data indicate this linkage appears weak.

DIFFERENCES IN MOTHER AND FATHER VIOLENCE

There are differences in the frequency and intensity of violence across the gender of the parent, suggesting the need to distinguish between mother and father violence. For example, Straus, Gelles and Steinmetz (1980) found that mothers were more likely to use serious or abusive violence on children than were fathers. However, mothers have more opportunities to use violence on children (Straus et al., 1980) and controlling for time at risk, fathers were found more violent toward children than mothers (Finkelhor, 1983). The rates of mother-to-child serious violence have been found higher, while the potentially lethal forms of violence (e.g., using a knife or gun on the child) were more likely to be engaged in by fathers (Straus et al., 1980). Several other studies have suggested that fathers were more likely to physically abuse children while mothers were more likely to neglect their children (cf. Pagelow, 1984). These differences are meaningful clinically, since many programs are based on the assumption that mothers are more likely than fathers to abuse physically children. These differences between father and mother patterns of violence towards their children suggest that one parent may be more important than the other in understanding the links between experiences of child abuse and the development of adulthood problems in women.

SUMMARY

The literature suggests that childhood experiences of parental violence are related to both alcoholism and partner victimization in adulthood for women. However, when controlling for gender of parent, father violence was found more strongly related to the development of alcoholism in women (Downs, et al., 1987). Also, the linkage between parental violence and victimization from male partner appeared weak across different studies. The literature

concerning parental violence during childhood and the development of either alcoholism or partner victimization in adulthood is scarce. In addition, much of this research has had several limitations, including: being limited largely to clinical samples of physically abused children; the lack of a comparison group for the clinical sample; definitional problems concerning parental violence; and the focus strictly on severe physical violence with the effects of less serious violence or verbal abuse having not been examined. Finally, the literature reports that violence differs across gender of parent, thus indicating the need to distinguish mother and father violence.

The present study examines the relationships between parental violence during childhood and the development of alcoholism or victimization by severe violence from male partner in adulthood. These relationships are examined separately for father-to-daughter and mother-to-daughter violence. Childhood experiences of parental violence are compared for samples of women in treatment for alcoholism and women receiving services for partner victimization with those in a random sample of women. The analyses presented in this paper are based upon data collected from a larger study designed, in part, to examine the links between child abuse, childhood sexual abuse and development of alcohol problems for women. Our research addresses some of the methodological issues by including: a random sample as a control group for two clinical samples; parental violence that did not necessarily come to the attention of Child Protective Service; systematic definitions of parental violence based on the Conflict Tactics Scale; moderate violence and verbal aggression as well as severe violence; and a multivariate design that controls for presence of parental alcoholism as well as other important childhood covariates. Our research bridges some of these gaps in the literature and

extends our earlier work.

METHOD

Three samples of women from the larger study are used in these analyses.[2] 1) alcoholics in outpatient alcoholism treatment (N=89), 2) victims receiving services for severe partner violence (N=94), and 3) a random sample (N=99). Eligibility criteria for this study were ages 18 to 45 inclusive, voluntary participation based on usual informed consent procedures, and (for clinical samples only) to be receiving services from an agency that agreed to participate in the study. Each respondent had a 2 1/2 hour, face-to-face in-depth interview that included both structured and open-ended questions on child abuse, childhood sexual abuse, and demographics.

SAMPLING

Alcoholic women were currently receiving outpatient treatment for alcoholism through one of six clinics in Erie County. They were recruited at the clinics either through personal contact by one of the interviewers or through flyers which were given to eligible women by their counselors. No minimum length of sobriety was set for alcoholic women by the study design; however, individual clinics set times ranging from six weeks to six months as the minimum length of sobriety before they would allow access to their clients. All of the women in this sample scored at or above the MAST cut-off score of 10 (Jacobson, 1983) to indicate the presence of alcohol-related problems.

The majority of the battered women (77%) were recruited during their stay at a shelter for battered women. During the house meetings, residents of the shelter were informed by research staff of the research project and given an

opportunity to participate. The remainder were receiving counseling services for battered women at an agency affiliated with the shelter. They were either given flyers by their counselors or contacted by an interviewer before the start of their group counseling session. For purposes of simplicity and brevity, this sample is referred to as the shelter sample. All of the women in the shelter sample had experienced at least one act of severe violence from partner in the past year.

The random sample was recruited through random digit dialing in the Buffalo area. If there was a woman in the household between the ages of 18 and 45 the study was described briefly to her and participation was solicited. Out of a total of 331 contacts with a woman 18-45 living at the residence, 34% refused before hearing the description of the study, another 29% refused after hearing about the study, 7% agreed to be interviewed but failed to establish or keep appointments, and 30% were interviewed.

INTERVIEW PROCEDURE AND OPERATIONALIZATION OF MEASURES

Interviews were conducted between March 1989 and August 1990. Prior to signing informed consents, the interview itself and the procedures of the study were described to the respondent. Respondents also consented to have the interview tape-recorded. All respondents agreed to continue with the taping of the interview.

Experiences of family violence were assessed using the Conflict Tactics Scale or CTS (Straus, 1979; Straus, et al., 1980). Women were asked to describe conflicts they experienced in their interactions with their mothers and with their fathers.[3] The CTS measures negative verbal interaction, moderate physical violence, and severe physical violence. The CTS was modified slightly for the present study. Two items were added to the negative

verbal index: "insulted or swore at you in a sexual manner" and "threatened to abandon you." Three other items were deleted ("sulk and/or refuse to talk about it", "stomp out of the room or house" and "cry") because they were not indicators of verbal aggression. Second, because virtually all respondents claimed that their mothers and fathers had slapped or spanked them, this item was deleted from the moderate violence scale. Thus, the modified CTS used in the study consisted of four negative verbal items (referred to in this study as verbal aggression), four moderate violence items and seven severe violence items.

Each item on the CTS subscales was dichotomized into 0-never happened and 1-happened at least once. In the first set of analyses, if any item on the CTS subscale happened at least once, that subscale was scored as positive. This measure provided an index of the percentage of respondents in each sample who experienced at least one item for each subscale, or a threshold index for each subscale. In a second set of analyses, one point was scored for each item that happened at least once and points were summed across items for each subscale. Thus, the range for the verbal aggression and moderate violence subscales was 0-4, and for severe violence was 0-7. This measure provided an index of the number of different items respondent experienced for each subscale, an index of the breadth of violence. Respondents reported separate CTS subscale scores for mother-to-daughter and father-to daughter interactions during childhood. For brevity, these scores are referred to as "mother" and "father" scores, respectively.

Socioeconomic status for the respondent's family of origin was calculated using the Hollingshead index. To assess parent's alcohol-related problems, a series of questions based on the Research Diagnostic Criteria were asked

separately for each parent. If the respondent reported that at least one parent had at least one alcohol-related problem, this variable was coded as presence of parental alcohol-related problems for that respondent. A series of items (coded as 1 = presence of the change) assessed number of changes in childhood family structure (e.g., parental divorce, parental separation, death in the family). Multiple occurrences of the same change were counted as additional changes. These items were then summed to provide an index for the number of changes in childhood family structure.

Respondent's alcohol use was assessed with the Michigan Alcoholism Screening Test or MAST (Selzer, 1971). The MAST is designed to be a consistent, quantifiable, structured instrument to detect alcoholism. Although developed for a male population, the MAST assesses women adequately (Selzer, Gomberg, & Nordhoff, 1979). The validity of the MAST has been substantiated by comparisons with record data and other diagnostic tests (Selzer, 1971). Finally, respondent's experiences of severe partner violence in the past year was assessed with the partner-to-woman CTS severe violence subscale. As with parental violence, each item on the partner-to-woman severe violence subscale was dichotomized into 0=never happened and 1=happened at least once. One point was scored for each item that happened at least once and points were summed across items for each subscale.

RESULTS

CONTROL VARIABLES

Control variables for this study were parental alcohol-related problems, race, number of changes in childhood family structure, childhood socioeconomic status, MAST, and partner violence. Most of the control variables differed in

comparing the two clinical samples with the random sample. Significantly more of the alcoholism treatment sample (73%) and shelter sample (65%) reported at least one parent with an alcohol-related problem compared with the random sample women (43%). In addition, a significantly larger percentage of alcoholism treatment sample (37%) and shelter sample (49%) were members of a minority group as compared with the random sample (23%). Alcoholism treatment and shelter women reported a significantly greater average number of changes in childhood family structure than did random sample women (2.12, 2.87, and 1.43, respectively). The shelter sample reported a significantly lower average level of childhood socioeconomic status (29.07) than did the random sample (34.01). However, the alcoholism treatment sample (33.46) were found not significantly different from the random sample on childhood socioeconomic status. Both the alcoholism treatment sample and the shelter sample reported a significantly higher average MAST score than the random sample (36.84, 8.05, and 2.16, respectively). In addition, both the shelter sample and the alcoholism treatment sample reported a significantly higher average score on the CTS partner severe violence subscale than the random sample (3.84, 1.55, and .37, respectively).

In comparing the shelter sample with the alcoholism treatment sample on these same control variables, there were four significant differences. The shelter sample reported a higher average partner violence score, lower average MAST score, higher average number of changes in childhood family structure, and a lower average level of childhood socioeconomic status than did the alcoholism treatment sample. The shelter sample and alcoholism treatment sample women did not differ significantly on race or presence of a parent with an alcohol-related problem.

UNIVARIATE DIFFERENCES IN PARENTAL VIOLENCE ACROSS SAMPLES

Analysis of variance (ANOVA) with post hoc comparisons using the Student-Newman-Keuls t statistic was performed across the three samples for each of the three father-to-daughter and mother-to-daughter CTS subscales (see Table 1). The alcoholism treatment sample was more likely to experience father-to-daughter verbal aggression and severe violence than either the shelter or random samples. In addition, the shelter sample was more likely to experience verbal aggression than the random sample. For father-to-daughter moderate violence, the only significant difference was between the alcoholism treatment and random samples. The only significant differences for the mother-to-daughter CTS subscales were that the shelter sample was more likely to experience verbal aggression, moderate violence, and severe violence from mother than were women in the random sample.

Next, analysis of variance with post hoc comparisons using the Student-Newman-Keuls t statistic was performed across the three samples for each of the three father-to-daughter and mother-to-daughter CTS subscales (see Table 2). For all three father-to-daughter subscales there was a linear pattern to the results with the alcoholism treatment sample reporting the highest level of violence, the shelter sample an intermediate level, and the random sample the lowest level of violence.

The pattern of scores was different for mother violence. There were no differences between alcoholism treatment and shelter women on any of the mother violence subscales. Conversely, the shelter women reported a significantly higher score than the random sample of women on all three of the subscales. The alcoholism treatment sample reported a significantly higher score than the random sample on the verbal aggression and severe violence

subscales, but was not significantly different from the random sample on the moderate violence subscale.

For father violence, the results are fairly clear. Women in alcoholism treatment were generally more likely than either the shelter sample or the random sample to experience father-to-daughter verbal aggression or physical violence, and to experience a greater number of verbally aggressive or violent acts from father. The shelter sample was more likely to experience verbal aggression than the random sample, and experienced an intermediate number of verbally aggressive or violent acts from father compared with the other two samples.

For mother violence, the results were different. There were no differences between the shelter and alcoholism treatment samples in either likelihood of verbal aggression or violence, or in the number of verbally aggressive or violent acts. Rather, the only differences are between the two clinical samples and the random sample. The shelter sample was more likely than the random sample to experience verbal aggression and violence from mother. Both the shelter and alcoholism treatment samples experienced a greater number of verbally aggressive or violent acts from mother than the random sample.

MULTIVARIATE DIFFERENCES IN PARENTAL VIOLENCE ACROSS SAMPLES

The analysis of variance is insufficient to untangle the relationship between CTS subscale scores and presence of adulthood problems. Covariates that may spuriously increase or decrease this relationship have yet to be considered. To consider the effects of these covariates, three sets of regression equations were performed with type of sample the dependent variables in each case. Each set of regressions tested for membership in

different pairs of samples (random vs. shelter, random vs. alcoholism treatment, and shelter vs. alcoholism treatment). In each set of regressions, type of sample was regressed on each CTS subscale in separate equations, while controlling for those covariates found significantly different for the pair of samples being tested.[4] These regressions are reported in Tables 3-5.

In the first set of regressions, type of sample (coded as 0 = random sample and 1 = shelter sample) was regressed on each CTS subscale controlling for race, childhood socioeconomic status, number of changes in childhood family structure, score on the MAST, and presence of parental alcohol-related problems (see Table 3). Higher scores on the father-to-daughter verbal aggression as well as mother-to-daughter verbal aggression and severe violence subscales were found to predict being in the shelter sample. Neither of the moderate violence subscales nor father-to-daughter severe violence were significantly related to type of sample controlling for the covariates.

In addition, a greater number of changes in childhood family structure was related to being in the shelter sample; in each equation it was the second strongest predictor after score on the MAST. Race (being a member of a minority group) was also a significant predictor of being in the shelter sample in each equation, reflecting demographic differences across samples. Score on the MAST was the strongest predictor of being in the shelter sample, reflecting the greater alcohol use by women in this sample. Presence of parental alcohol-related problems was unrelated to being in the shelter sample in all six equations while childhood socioeconomic status was only weakly related to being in the shelter sample in the mother-to-daughter verbal aggression ($p = .054$) and mother-to-daughter severe violence equations. Overall, these results indicate that a less stable childhood family structure,

verbal abuse from either parent, and mother-to-daughter severe violence predict being in the shelter sample. In addition, greater alcohol use and being in a minority group predict being in the shelter sample.

In the second set of regressions, type of sample (coded as 0 = random sample and 1 = alcoholism treatment) was regressed on each CTS subscale controlling for race, number of changes in childhood family structure, partner violence, and presence of parental alcohol-related problems (see Table 4). Higher scores on all father-to-daughter CTS subscales predicted being in alcoholism treatment. However, only mother-to-daughter severe violence predicted being in alcoholism treatment ($p = .051$). In each case, the father CTS subscale was the strongest or second strongest predictor of being in the alcoholism treatment sample. Conversely, mother-to-daughter severe violence was only the third strongest predictor of being in alcoholism treatment in its equation.

Partner violence was generally the strongest predictor of being in the alcoholism sample, reflecting the greater level of severe violence from partner among alcoholic women. In addition, presence of a parent with alcohol-related problems predicted being in alcoholism treatment in five of the six equations. Race and changes in childhood family structure were unrelated to alcoholism treatment. Overall, these results indicate that higher levels of father violence, parental alcohol-related problems, and partner violence predict being in alcoholism treatment. To a lesser extent, mother severe violence also predicts being alcoholism treatment.

In the third set of regressions (see Table 5), type of sample (coded as 0 = shelter sample and 1 = alcoholism treatment) was regressed on each CTS subscale controlling for childhood socioeconomic status and parental alcohol-

related problems.[5] These regressions hold the treatment variable constant while the primary reason for treatment varies across the two samples. Only the father CTS subscales were tested as the mother CTS subscales were almost equal in the analysis of variance. The results were similar for all three regressions. Higher scores on each of the three father-to-daughter CTS subscales predicted being in alcoholism treatment as opposed to the shelter sample. In addition, a higher level of childhood socioeconomic status and a lower number of changes in childhood family structure predict being in alcoholism treatment.

Overall, these results indicate that to a certain extent women in alcoholism treatment and women in the shelter sample have different family backgrounds. Compared with women in the shelter sample, women in alcoholism treatment come from more stable families of origin with a higher level of socioeconomic status, but they also come from families in which there is a higher level of father violence.

DIFFERENCES IN MOTHER AND FATHER VIOLENCE

To examine further the pattern of father and mother violence scores, paired t-tests were performed across the gender of the parent for percentage of respondents who reported at least one item occurring for each CTS subscale, and on each CTS subscale score. Women in the shelter and random samples were more likely to have experienced verbal aggression, moderate violence, and severe violence from mothers than from fathers. Within the alcoholism treatment sample, there were no significant differences in likelihood of experiencing verbal aggression, moderate violence, or severe violence across gender of parent.

Paired t-tests were also performed for CTS subscale scores across gender

of parent, with similar results. Within both the random and shelter samples, respondents reported higher levels of mother-to-daughter verbal aggression and moderate violence than for the corresponding father subscale. However, in both samples there were no significant differences across gender of the parent on severe violence. In the alcoholism treatment sample, there were no differences in scores on any of the CTS subscales across gender of parent, indicating that women in this sample experienced approximately equal levels of mother and father violence.

Women in the shelter and random samples experienced similar patterns of parental violence, more from mother than from father. However, women in the alcoholism treatment sample experienced a different pattern of parental violence, compared with the other two samples. This pattern can be summarized as a greater than expected likelihood of father violence and a higher than expected level of father verbal aggression and moderate violence.

DISCUSSION

This study examined the relationships between parental violence during childhood and the development of alcoholism or victimization by severe violence from partner in adulthood. Father-to-daughter verbal aggression, moderate violence, and severe violence were found particularly important for the development of alcoholism. Mother-to-daughter severe violence was significantly, but weakly, related to the development of alcoholism. Mother-to-daughter verbal aggression and moderate violence were unrelated to the development of alcoholism. Verbal aggression from either parent as well as mother-to-daughter severe violence were related to partner victimization. Of particular importance, father-to-daughter moderate and severe violence were

unrelated to partner victimization in adulthood.

These findings must be tempered with some caution. First, the response rate for the random sample was low, limiting its generalizability. Second, our samples of alcoholic and battered women represent women who have been in treatment. Women who seek treatment for these problems may be more likely to have experienced parental violence than women with high levels of alcohol use or partner victimization but who do not seek treatment. Third, there were women in the random sample who had previously experienced severe violence from their parents but who had not developed alcoholism or experienced severe partner victimization. Thus, these experiences do not guarantee the development of alcoholism or victimization from adulthood partner in women.

PARENTAL VIOLENCE AND THE DEVELOPMENT OF ALCOHOLISM

Severe violence from either parent was found related to the development of alcoholism for women. Parental severe violence may result in lowered self-esteem (Dembo et al., 1989) and negative emotions toward the self (Oates, et al., 1985) and set the stage for alcohol use as a mechanism for relieving these negative feelings and emotions. In addition, drinking to escape the strong feelings of fear and rage associated with violent victimization may be an important undercurrent in the connection between physical abuse and the development of alcohol problems (Miller et al., 1990).

In addition, father-to-daughter verbal aggression and moderate violence were found more important than mother-to-daughter verbal aggression and moderate violence to the development of alcoholism. Fathers' verbal aggression is an especially strong predictor of the development of alcoholism. A similar pattern was found in our previous work and several possible factors were suggested to account for the relatively greater importance of the father-

daughter relationship (Downs et al., 1987). First, the average upper body strength of adult males is greater than that of adult females. Thus the same violent act (e.g., pushing or shoving) may result in more physical damage to the daughter if perpetrated by father as opposed to mother. The same violent act may also be more threatening if perpetrated by fathers, resulting in greater psychological damage.

Second, fathers have more psychological and economic power within the family than do mothers. This greater power of fathers may increase the psychological impact of their verbal aggression and moderate violence on daughters relative to that of mothers. Third, there may be more positive interactions inherent in the mother-daughter relationship than in the father-daughter relationship that may serve to counteract some of the negative impact from mother's verbal aggression or moderate violence.

Fourth, compared with families of origin in both the random and shelter samples, families of origin for alcoholic women are characterized by an atypical pattern of parental violence. The typical pattern, not controlling for time of interaction, is for mothers to have a higher level of verbal aggression and violence than fathers. However, the families of origin for alcoholic women have equal levels of verbal aggression and violence across gender of the parent, meaning that father-to-daughter negative conflict resolution is atypically high in these families.

For these reasons, and in particular because of father's greater power within families, the psychological impact of father-to-daughter verbal aggression and moderate violence may be as great as the impact from his severe violence. If so, fathers' verbal aggression and moderate violence may affect daughters' self-esteem and feelings toward the self as much as his severe

violence. In addition, his verbal aggression and moderate violence may result in the same heightened feelings that lead to drinking as an escape.

In general, verbal aggression and violence from family members appears to an important factor in the development of alcoholism for women, especially if that verbal aggression or violence is perpetrated by an adult male. Father-to-daughter verbal aggression and current partner violence were found to be strong predictors of being in the alcoholism treatment sample. Of some theoretical and clinical interest is these variables were stronger predictors of alcoholism treatment than the presence of parental alcohol-related problems.

PARENTAL VIOLENCE AND PARTNER VICTIMIZATION

Verbal aggression from either parent and mother-to-daughter severe violence were related to victimization by severe violence from partner. Moderate violence from either parent and father-to-daughter severe violence were unrelated to victimization by severe violence from partner. These results highlight the importance of verbal aggression and emotional abuse for the development of later problems. These results also highlight the importance of examining violence across the gender of the parent.

The cycle of violence hypothesis does not specifically address the linkage between verbal aggression from parents and partner violence in adulthood. One possible way in which parental verbal aggression might be linked to adulthood partner violence is through partner verbal aggression. Women may learn from families of origin that verbal abuse is acceptable behavior among family members, and expect this behavior in their relationships with spouses and male partners in adulthood. Over time, their relationship with adult male partner may escalate into violence because of this verbal abuse. For example, he may

use her verbal aggression against him as a rationale to perpetrate violence on her.

An additional way in which parental verbal aggression might be linked with adulthood partner violence could be via resources accumulated by the woman. Women victimized by adulthood violence also come from families of origin that are characterized by more changes in family structure and a lower socioeconomic status than other families. Girls from families with these characteristics may accumulate fewer resources (e.g., educational achievement) than other girls. Within this framework verbal aggression from both parents may result over time in further decreasing the resources of these girls compared with other girls. Battered women have fewer economic resources than do nonbattered women (Pagelow, 1984). This lower level of resources may contribute to their being bettered in adulthood.

These results highlight the importance of examining the cycle of violence hypothesis by gender of the parent. The most obvious link between experiencing parental violence in childhood and partner violence in adulthood would be through father-to-daughter violence. With father-to-daughter violence, the girl would directly learn that adult males hit weaker females to control their behavior. Then, in adulthood, the woman would expect and receive violence from a male partner for the same purpose. However, in this study this was not the case. Instead of father-to-daughter violence being related to partner violence in adulthood, it was the parent of the opposite gender, the mother, who may have set the stage for experiencing violence from males in adulthood.

FOOTNOTES

1. Much of this research is limited to clinical samples of children defined to have experienced physical abuse from parents and thus is referred to here as child abuse. Child abuse has been associated with the development of juvenile delinquency (Bolton & Reich, 1977; Brown, 1982) and adult criminality (Kroll, Stock, & James, 1985; McCord, 1983; Singer, 1986). Physically abused children have been described as aggressive (George & Main, 1979), having low self-esteem and decreased capacity for enjoyment (Martin & Beezely, 1977; Oates, Forrest, & Peacock, 1985), having decreased cognitive ability (Friedrich, Einbender, & Luecke, 1983), and having less competence in peer group interaction (Howes & Espinosa, 1985).

2. A fourth sample (of women in treatment for mental health concerns) and a fifth sample (of women convicted for driving while intoxicated) were included in the larger study. These samples will be addressed in subsequent analyses.

3. For purposes of this study, we extended our definition of mother and father to include those adults who lived with the child and were responsible for raising her for a significant period of time during childhood. Thus, "mothers" include grandmothers, aunts and foster mothers and "fathers" include grandfathers, uncles, and mothers' boyfriends.

4. Regressions using the MAST and CTS severe partner violence as dependent variables could have been performed in predicting alcohol-related problems and partner victimization. However, the distribution for the MAST was essentially bimodal, with very little overlap between the alcoholism treatment and other samples. Similarly, the CTS severe partner violence scores were essentially bimodal. The departure of these distributions from normality was sufficient to violate seriously assumptions underlying parametric statistics. Instead, we used type of sample as an indicator of level of alcoholism or partner victimization. In the regression comparing the shelter and random samples, we controlled for the MAST to hold alcohol-related problems constant and maximize the comparison across levels of partner victimization. Similarly, in the regression comparing the alcoholism treatment and random samples, we controlled for partner violence to hold this variable constant and maximize comparison across levels of alcoholism.

5. There was some overlap between these two samples in that the alcoholism treatment sample averaged 1.55 severe violent acts from partner in the past year and in that 38% of the shelter sample either scored above a cut-off score of 10 on the MAST (Jacobson, 1983) or scored between 5 and 9 on the MAST and had at least one heavy-drinking period (an average of at least six drinks per occasion) during their life. However, controlling for MAST scores or CTS severe spousal violence in this equation was impractical given the large differences in these variables between these two samples. To the extent that there is overlap between the alcoholism treatment and shelter samples, the regressions comparing father-to-

daughter CTS subscale scores across levels of alcoholism and spousal violence are conservative.

REFERENCES

Bolton, F.G., & Reich, J.W. (1977). Delinquency patterns in maltreated children and siblings. Victimology, 2, 349-357.

Bowker, L. H. (1983). Beating Wife-Beating. Lexington, MA.: Lexington Books.

Brown, S.E. (1982). An analysis between child abuse and delinquency. Crime and Justice, 5, 47-51.

Cohen, F.S., & Densen-Gerber, J. (1982). A study of the relationship between child abuse and drug addiction in 178 patients. Preliminary results. Child Abuse and Neglect, 6, 383-387.

Covington, S.S. (1983). Sexual experience, dysfunction and abuse: A descriptive study of alcoholic and nonalcoholic women. Ph.D. dissertation, The Union for Experimenting Colleges and Universities, Cincinnati, Ohio.

Dembo, R., Dertke, M., LaVoie, L., Borders, S., Washburn, M., & Schmeidler, J. (1987). Physical abuse, sexual victimization and illicit drug use: A structural analysis among high risk adolescents. Journal of Adolescence, 10, 13-33.

Dembo, R., Williams, L., LaVoie, L., Berry, E., Getreu, A., Wish, W.D., Schmeidler, J., & Washburn, M. (1989). Physical abuse, sexual victimization and illicit drug use: Replication of a structural analysis among a new sample of high risk youths. Violence and Victims, 4, 121-138.

Downs, W.R., Miller, B.A., & Gondoli, D.M. (1987). Childhood experiences of parental physical violence for alcoholic women as compared with a randomly selected household sample of women. Violence and Victims, 2, 225-240.

Fillmore, K.M. (1974). Drinking and problem drinking in early adulthood and middle age. Quarterly Journal of Studies on Alcohol, 35, 819-840.

Fillmore, K.M. (1975). Relationships between specific drinking problems in early adulthood and middle age. Journal of Studies on Alcohol, 36, 882-907.

Finkelhor, D. (1983). Common features of family abuse. In D. Finkelhor, R.J. Gelles, G.T. Hotaling, & M.A. Straus (Eds.), The dark side of families, (pp. 17-28). Beverly Hills: Sage Publications.

Friedrich, W.N., Einbender, A.J., & Luecke, W.J. (1983). Cognitive and behavioral characteristics of physically abused children. Journal of Consulting and Clinical Psychology, 51, 313-314.

Geller, M., & Ford-Somma, L. (1984). Violent homes, violent children: A study of violence in the families of juvenile offenders. New Jersey: Department of Corrections, Division of Juvenile Services.

Gelles, R.J. (1979). Family Violence. Beverly Hills: Sage Publications.

Gelles, R.J. (1987) Family Violence, 2nd Edition. Beverly Hills: Sage Publications.

George, C., & Main, M. (1979). Social interactions of young abused children: Approach, avoidance, and aggression. Child Development, 50, 306-331.

Haver, B. (1987). Female alcoholics: IV. The relationship between family violence and outcome 3-10 years after treatment. Acta Psychiatrica Scandinavica, 75, 449-455.

Howes, C., & Espinosa, M.P. (1985). The consequences of child abuse for the formation of relationships with peers. Child Abuse and Neglect, 9, 397-404.

Jacobson, G.R. (1983). Detection, assessment, and diagnosis of alcoholism. Current techniques. In M. Galanter (Ed.), Recent developments in alcoholism. New York: Plenum.

Jones, M.C. (1971). Personality correlates and antecedents of drinking patterns in women. Journal of Consulting and Clinical Psychology, 36, 61-69.

Kinsey, B.A. (1968). Psychological factors in alcoholic women from a state hospital sample. American Journal of Psychiatry, 124, 1463-1466.

Kroll, P.D., Stock, D.F., & James, M.E. (1985). The behavior of adult alcoholic men abused as children. The Journal of Nervous and Mental Disease, 173, 689-693.

Lewis, B.Y. (1987). Psychosocial factors related to wife abuse. Journal of Family Violence, 2, 1-10.

Martin, H.P., & Beezley, P. (1977). Behavioral observations of abused children. Developmental Medical Child Neurology, 19, 373-387.

McCord, J. (1983). A forty year perspective on the effects of child abuse and neglect. Child Abuse and Neglect, 7, 265-270.

Miller, B.A., Downs, W.R., and Testa, M. (1990). The relationship between women's alcohol problems and experiences of childhood violence. Invited paper presented at the Annual Meeting of The American Psychological Association, Boston, MA.

Oates, R.K., Forrest, D., & Peacock, A. (1985). Self-esteem of abused children. Child Abuse and Neglect, 9, 159-163.

Pagelow, M.D. (1981a). Woman-Battering. Beverly Hills: Sage Publications.

Pagelow, M.D. (1981b). Factors affecting women's decisions to leave violent relationships. Journal of Family Issues, 2, 391-414.

Pagelow, M.D. (1984). Family violence. New York: Prager Publishers.

Selzer, M.L. (1971). The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. American Journal of Psychiatry, 127, 1653-1658.

Selzer, M.L., Gomberg, E.S., & Nordhoff, J.A. (1979). Men's and women's responses to the Michigan Alcoholism Screening Test. Journal of Studies on Alcohol, 40, 502-504.

Singer, S.I. (1986). Victims of serious violence and their criminal behavior: Subcultural theory and beyond. Violence and Victims, 1, 61-70.

Stark, E., and Flitcraft, A. (1981). Therapeutic intervention as a situational determinant of the battering syndrome. Paper presented at the National Conference for Family Violence Researchers, Durham, N.H.

Straus, M.A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics Scales (CTS). Journal of Marriage and the Family, 41, 75-86.

Straus, M.A., Gelles, R.J., & Steinmetz, S.K. (1980). Behind closed doors: Violence in the American family. Garden City: Anchor Books.

Straus, M.A., and Gelles, R.J. (1990). Physical violence in American families: Risk factors and adaptions to violence in 8,145 families. New Brunswick, N.J.: Transaction Publishers.

Wood, H., & Duffy, E. (1966). Psychological factors in alcoholic women. American Journal of Psychiatry, 123, 341-345.

TABLE 1

PERCENTAGE OF EACH SAMPLE REPORTING AT LEAST ONE OCCURRENCE FOR EACH CONFLICT TACTICS SCALE*

	Alcoholism Treatment Sample (N=89)	Shelter Sample (N=94)	Random Sample (N=99)
Father-to-daughter			
Verbal Aggression	70.8%[a]	53.2%[b]	32.3%[c]
Moderate Violence	56.2%[a]	50.0%[ab]	35.4%[b]
Severe Violence	47.2%[a]	28.7%[b]	15.3%[b]
Mother-to-daughter			
Verbal Aggression	65.6%[ab]	76.0%[a]	55.0%[b]
Moderate Violence	64.4%[ab]	75.0%[a]	56.0%[b]
Severe Violence	45.6%[ab]	52.1%[a]	30.0%[b]

* Means with different superscripts differ from each other at the .05 level of significance.

TABLE 2

ANALYSIS OF VARIANCE OF FATHER AND MOTHER CTS SUBSCALES BY TYPE OF SAMPLE*

	Alcoholism Treatment Sample	Shelter Sample	Random Sample	F
Father Verbal Aggression	1.48[a]	1.10[b]	.47[c]	19.23**
Father Moderate Violence	1.48[a]	1.05[b]	.61[c]	10.31**
Father Severe Violence	.99[a]	.66[b]	.29[c]	8.74**
Mother Verbal Aggression	1.57[a]	1.65[a]	.92[b]	10.09**
Mother Moderate Violence	1.62[ab]	1.86[a]	1.25[b]	4.30**
Mother Severe	.91[a]	1.03[a]	.40[b]	7.95**

* Means with different superscripts differ from each other at the .05 level of significance.

** P<.05

TABLE 3

REGRESSION EQUATIONS COMPARING SHELTER SAMPLE TO RANDOM SAMPLE WOMEN

	Father CTS Subscales			Mother CTS Subscales		
Independent Variables	B	Beta	P	B	Beta	P
Verbal Aggression	.09	.20	.004	.07	.16	.021
Changes in Family Structure	.06	.25	.000	.05	.21	.003
Parental Alcohol Problems	.07	.07	.288	.08	.08	.256
Childhood SES	-.00	-.10	.110	-.01	-.12	.054
Race	-.19	-.18	.007	-.19	-.18	.008
MAST	.02	.27	.000	.02	.29	.000
	R^2 = .34			R^2 = .33		
Moderate Violence	.05	.11	.108	.03	.08	.254
Changes in Family Structure	.06	.25	.000	.06	.24	.001
Parental Alcohol Problems	.09	.09	.184	.10	.10	.134
Childhood SES	-.00	-.11	.100	-.01	-.11	.089
Race	-.20	-.19	.007	-.17	-.17	.015
MAST	.02	.31	.000	.02	.31	.000
	R^2 = .32			R^2 = .32		
Severe Violence	.04	.08	.250	.07	.16	.017
Changes in Family Structure	.06	.26	.000	.05	.23	.001
Parental Alcohol Problems	.11	.11	.117	.11	.11	.090
Childhood SES	-.00	-.11	.092	-.01	-.13	.045
Race	-.18	-.17	.019	-.16	-.15	.025
MAST	.02	.30	.000	.02	.30	.000
	R^2 = .32			R^2 = .34		

TABLE 4

REGRESSION EQUATIONS COMPARING ALCOHOLISM TREATMENT SAMPLE TO RANDOM SAMPLE WOMEN

	Father CTS Subscales			Mother CTS Subscales		
Independent Variables	B	Beta	P	B	Beta	P
Verbal Aggression	.16	.37	.000	.05	.12	.119
Changes in Family Structure	.00	.00	.980	.01	.04	.607
Parental Alcohol Problems	.12	.12	.082	.22	.22	.003
Race	-.08	-.07	.283	-.06	-.05	.481
Partner Violence	.07	.24	.000	.08	.27	.000
	R^2 = .30			R^2 = .21		
Moderate Violence	.08	.22	.003	.00	.00	.973
Changes in Family Structure	.02	.07	.344	.02	.07	.319
Parental Alcohol Problems	.18	.18	.016	.25	.24	.001
Race	-.04	-.04	.564	-.04	-.04	.622
Partner Violence	.08	.26	.000	.09	.29	.000
	R^2 = .24			R^2 = .20		
Severe Violence	.09	.20	.007	.07	.14	.051
Changes in Family Structure	.02	.07	.314	.01	.05	.525
Parental Alcohol Problems	.19	.19	.010	.24	.23	.000
Race	-.05	-.04	.551	-.03	-.03	.636
Partner Violence	.08	.25	.000	.09	.28	.001
	R^2 = .23			R^2 = .22		

TABLE 5

REGRESSION EQUATIONS COMPARING ALCOHOLISM TREATMENT SAMPLE TO THE SHELTER SAMPLE

Independent Variables	B	Beta	P
Father Verbal Aggression	.06	.16	.038
Changes in Family Structure	-.04	-.18	.018
Childhood SES	.01	.16	.034
	R^2 = .09		
Father Moderate Violence	.05	.16	.030
Changes in Family Structure	-.04	-.18	.020
Childhood SES	.01	.17	.024
	R^2 = .09		
Father Severe Violence	.05	.15	.053
Changes in Family Structure	-.04	-.17	.023
Childhood SES	.01	.18	.019
	R^2 = .08		